

H.O.P.E. Group ~~Habilitation~~ Time Sheet

Sample

- ❖ Monthly Habilitation Report MUST Accompany Habilitation Time Sheet
- ❖ DO NOT USE White Out, Pencil or Staples, USE Blue or Black Ink ONLY
- ❖ Time Sheet will not be processed without both signatures at the bottom
- ❖ Guardian/Parent must initial mistakes or mark-outs
- ❖ Time entries must be rounded off to the nearest quarter hour

Client Timmy Tim Month of Service January 2003
 Employee Your Name (due by the 4th of next month, before 4:30p.m.)

Date	Time In	Time Out	# of Hours	Date	Time In	Time Out	# of Hours
1	8:30 ^(a.m.) _(p.m.)	11 ^(a.m.) _(p.m.)	2.5		a.m. p.m.	a.m. p.m.	
3	9 ^(a.m.) _(p.m.)	12:45 ^(a.m.) _(p.m.)	3.75		a.m. p.m.	a.m. p.m.	
8	8:30 ^(a.m.) _(p.m.)	11 ^(a.m.) _(p.m.)	2.5		a.m. p.m.	a.m. p.m.	
10	9 ^(a.m.) _(p.m.)	12:45 ^(a.m.) _(p.m.)	3.75		a.m. p.m.	a.m. p.m.	
15	11:30 ^(a.m.) _(p.m.)	2 ^(a.m.) _(p.m.)	3.0		a.m. p.m.	a.m. p.m.	
17	9 ^(a.m.) _(p.m.)	12:15 ^(a.m.) _(p.m.)	3.25		a.m. p.m.	a.m. p.m.	
22	9:30 ^(a.m.) _(p.m.)	11:30 ^(a.m.) _(p.m.)	2.0		a.m. p.m.	a.m. p.m.	
24	10:15 ^(a.m.) _(p.m.)	12:30 ^(a.m.) _(p.m.)	2.25		a.m. p.m.	a.m. p.m.	
29	8:30 ^(a.m.) _(p.m.)	11:30 ^(a.m.) _(p.m.)	3.0		a.m. p.m.	a.m. p.m.	
31	4 ^(a.m.) _(p.m.)	6:30 ^(a.m.) _(p.m.)	2.5		a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	

Total Hours: 28.5

We certify that these time entries accurately reflect the Habilitation services provided and that Habilitation services DO NOT exceed 8 hours per day or 40 hours per week. We certify that Habilitation services were provided before 7p.m. and that NO medications or transportation have been provided without prior approval from H.O.P.E. Group. We certify that a detailed, daily record of progress is maintained at the service site. Employee certifies that she/he has reviewed the Pre-Service Meeting Plan, for this client. Guardian/Parent acknowledges that she/he is responsible for any Habilitation service hours which exceed the number of Habilitation service hours allocated to them by DDD.

Employee Signature Your Signature Date 1-31-03
 Guardian/Parent Signature Timmy Tim's Mom Date 1-31-03